| | CH-131 |
|---|---|
| NAME OF PARTY OR ATTORNEY (and state bar number if attorney): | FOR COURT USE ONLY |
| ADDRESS WHERE YOU WANT MAIL SENT: | |
| | |
| | |
| TELEPHONE NUMBER (Optional): | |
| | |
| ATTORNEY FOR (Name): | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF | |
| STREET ADDRESS: | |
| MAILING ADDRESS: | |
| CITY AND ZIP CODE: | |
| BRANCH NAME: | |
| PLAINTIFF: | |
| | |
| DEFENDANT: | |
| | |
| | |
| | CASE NUMBER: |
| PROOF OF SERVICE BY MAIL (Harassment) | |
| | |
| | |
| SERVICE BY MAIL | |
| Instructions to Defendant: After having the plaintiff served by mail with any of the documents identified in item 1, have the person | |
| who mailed the documents complete this Proof of Service by Mail. Give the completed Proof of Service by Mail to the clerk for filing. | |
| | |
| You cannot serve these papers. An unsigned copy of the Proof of Service by Mail should be | attached to and served with the document. |
| | |
| I served a copy of the following documents: | |
| a. completed Response to Petition for Injunction Prohibiting Harassment | |
| b. other (specify): | |
| 5 Gallot (<i>apasiny</i>). | |
| | |
| | |
| | |
| | |
| 2. I deposited a true copy of each of the foregoing documents in the United States mail, in a sealed envelope with postage fully prepaid. | |
| The envelope was addressed and mailed as follows: | |
| a. Name of person served: | |
| b. Address: | |
| b. Address. | |
| | |
| | |
| | |
| c. Date of mailing: | |
| d. Place of mailing (city and state): | |
| a. That of maining (only and state). | |
| | |
| | |
| 3. I am over the age of 18 and not a party to this cause. I am a resident of or employed in | the county where the mailing occurred. My |
| residence or business address is (specify): | elephone (specify): |
| | |
| | |
| | |
| | |
| I dealars under panelty of parium, under the laws of the Ctate of California that the forescine: | a true and correct |
| I declare under penalty of perjury under the laws of the State of California that the foregoing i | s true and correct. |
| | |
| Date: | |
| | |
| | |
| | |
|) | |
| (TYPE OR PRINT NAME) | (SIGNATURE) |
| (THE OKTAINE) | (SIGNATORE) |
| | |
| (See reverse for proof of personal service) | |